Module 7 – Reading 6-1

Assessing Dangerousness

How Do We Measure Victim Safety?

At the Duluth Domestic Abuse Intervention Project (DAIP), we have developed a risk assessment questionnaire based on current research and years of interviews with victims of domestic violence, police and probation officers, mental health workers, public health nurses, and victim advocates. These provided us with the questions we ask victims during risk assessments. Their answers to these questions give a profile of the dangers that victims face from their abusers. We cannot overemphasize the importance of obtaining this information directly from victims themselves. While we realize that many women do not acknowledge the danger they face in many cases, no one is in a better position to assess the threat abusers pose to them, and probably no one knows the abusers so well. Each question always leads to further and equally important questions to the victim. Simply answering yes or no to the question, e.g., "Has he ever threatened to kill you?" does not tell us how to interpret the danger posed by the abuser. The follow-up question is needed to address not only details (e.g., how did he threaten you?), but also the meaning the victim assigns to that threat. Remember that the victim is not merely a data point or source of information - she is a key player in interpreting the meaning of an abuser's actions.

Risk Assessment for Victim Safety

The questions have several uses: most importantly, they provide a tool to assess how the forms and procedures presently used within your system contribute to the safety of victims and the accountability of offenders. If you cannot answer the following questions about victims and offenders from the information entered on the forms and reports you currently use, then your system's ability to achieve these two goals is compromised. While it's not always possible to answer all of the following questions, it's best to build them into your documenting practices.

Assessing Dangerousness

1. Has the abuser become increasingly more violent, brutal, and/or dangerous? Can you describe the incident? What do you think that change in behavior means?
2. Has the abuser ever injured you so badly you needed medical attention? Can you describe the injuries? Have they become increasingly more severe? Are you concerned about what will happen next?
3. Has the abuser ever choked you? Can you describe the incident? Did you lose consciousness?

Duluth Domestic Abuse Intervention Project:
www.duluth-model.org/23questions.htm

4. Has the abuser ever injured or killed a pet? Can you describe the incident? Do you think he did it to threaten you?
5. Has the abuser ever threatened to kill you? Can you describe the incident? Do you believe he is willing and capable of carrying out that threat?
6. Has the abuser been sexually abusive to you?
7. Has the abuser used or threatened to use a weapon against you? Can you describe the incident/s? Do you think he may use a weapon against you?
8. Has the abuser seemed preoccupied or obsessed with you (e.g., following you, monitoring your whereabouts, stalking you, very jealous)? Can you describe the behavior?
9. Has the abuser increased the frequency of assaults on victim? Can you describe the pattern?
10. Has the abuser ever threatened or attempted to commit suicide? Can you describe the incident? How did that affect you?
11. Have you separated or tried to separate from the abuser in the past twelve months? Can you describe how that went?
12. Have you sought outside help (e.g., a protection order, police, shelter, counseling) during the past twelve months? Can you tell me how he responded to that?
13. Do you think you have been isolated from sources of help (car, phone, family, friends, etc.)? Can you give me an idea of how he responds to your efforts to reach out for help?
14. Has the abuser experienced any unusual high stress in the past twelve months (e.g., loss of job, death, financial crisis)? Do you think that has made him any more dangerous to you?
15. Does the abuser drink excessively/have an alcohol problem? What is the relationship of his drinking to his violence?
16. Has the abuser ever been treated for alcohol/drug abuse? How do you think that affects his use of violence?
17. Does the abuser own, carry, or have ready access to a gun? Specify.
18. Do you believe the abuser could seriously injure or kill you?
19. Have you felt a need to be protective of the abuser (e.g., tried to change or withdraw her statement to the police, reduce bail or charges)?
20. To the best of your knowledge, was the abuser abused as a child by a family member? Can you tell me more information about that?
21. To the best of your knowledge, did the abuser witness the physical abuse of his mother? Do you think that's connected to his use of violence now?
22. Does the abuser show remorse or sadness about the incident?
23. Does the abuser have a history of violence to others (i.e., persons outside the family)? Can you describe this?

Module 7 – Reading 6-2

Washington State Coalition Against Domestic Violence

Model Protocol on Safety Planning for Domestic Violence Victims with Disabilities

Please Note: *The readings in this section have been excerpted from "Model Protocol on Safety Planning for Domestic Violence Victims with Disabilities," published by the Washington State Coalition Against Domestic Violence. The entire publication and other related materials can be found at the Coalition's website: www.wscadv.org*

The goal of this protocol and recommended policies is to support domestic violence agencies: to increase their safety planning services to people with disabilities and advance self-determination for people with disabilities by offering safety planning that is cognizant of environmental and social barriers. This protocol builds on the existing safety planning knowledge of domestic violence programs. Basic safety planning strategies will not be reviewed in this document.

Domestic violence agencies can use this document to examine their current safety planning practices and institute new practices that address the safety issues of victims with disabilities. Review the following protocol and your agency's current practices to devise a plan for improving your agency's safety planning services, perhaps by adding the sample safety planning questions (see Appendix) to your agency's routine safety planning activities.

One of five women is limited in a major life activity by a disability, and one in ten have a serious disability, according to the U. S. Census. Although conflicting information exists, current research leads us to believe that the incidence rate of domestic violence against women with disabilities is about the same as any other group of women, yet victims with disabilities are more likely to stay longer in an abusive situation and have fewer options for safety due to systemic and physical barriers in the community.

The Americans with Disabilities Act was passed only a little more than ten years ago, and many adults with disabilities have had a lifetime of negative encounters with social service and criminal justice systems. As a result of prior ineffective remedies and harmful consequences, victims may be hesitant to use systems and resources as a part of safety planning. Victims may have a fear of becoming institutionalized in a nursing home or rehabilitation center, or other loss of self autonomy, if abuse is disclosed to system representatives.

This protocol seeks to strengthen domestic violence advocates' skills in identifying barriers to safety for victims with disabilities and build skills in developing creative solutions to safety planning. Victims with disabilities face both life-generated and batterer-generated risks to their safety, and safety planning should acknowledge both of these dynamics for the best possible planning process.

There are many different types of disabilities, each having a unique effect on safety planning. People with disabilities often require assistance to perform activities of daily living. These activities may include getting up in the morning, getting in bed at night and everything in between. Cooking and cleaning, personal grooming, use of public transportation, budgeting, engaging in social activities—all of these activities may take a little more time or may take a whole new way of doing things.

Gaining an understanding of the individual barriers a victim with a disability faces can further an advocate's understanding of systemic discrimination and bias and identify the social change efforts needed to remove barriers and increase community involvement. Advocating on behalf of victims with disabilities will begin to challenge the assumptions that advocates may have about their roles, where they advocate, how they advocate, and the questions they ask when safety planning. Learning to identify discrimination and offering proactive remedies will provide individual victims the best services available and change advocate work practices.

Recommended Policy (Sample)

[Name of agency] shall work to ensure meaningful safety planning for all recipients of services by developing and implementing a comprehensive safety planning process that includes a range of options for people with disabilities and considers the following:

- The victim is the expert on what safety techniques will work best for them.
- Safety planning efforts should consider how the victim's disability impacts the safety plan.
- Safety planning efforts should consider how abusers could take advantage of barriers which prevent a victim from using domestic violence services or other services.
- Safety planning efforts should consider possible disability issues of the abuser or other family members and how that impacts the victim's safety planning strategies.
- Safety plans should be reviewed and updated periodically as the victim's situation changes.
- Safety planning materials should be presented in clear language, with an interpreter if applicable, and materials should be available in alternate formats.
- Safety planning efforts should consider other disability resources.

- Safety planning efforts should include knowledge of adaptive devices for people with disabilities and updated resource information on new technology to improve safety.
- Staff should receive ongoing training to discuss issues raised in safety planning for victims with disabilities to enhance skills.

Recommended Procedures

Overview

The advocate should consider the victim as the expert on identifying safety techniques which they would be willing to use. Ask the victim what strategies they used in the past and in the current situation. There are a wide variety of individual preferences and countless different disabilities and combinations of disabilities. And safety planning efforts should consider possible disability issues of the abuser or other family members and how that impacts the victim's safety planning. For example, if the victim's child has a disability and there is only one school in the county that is appropriate for the child, it will become more difficult to relocate quickly or secretly. If the abuser has a disability, it may also impact a victim's strategies for safety planning. For example, an abuser who was blind could be released because the prosecutor felt they could not prove the "intent" of a person who is blind to hit someone.

- Safety planning efforts should include the victim's understanding of how her disability impacts the safety planning and the potential barriers. Devices such as an alarm button, spyhole, intercom or phone system should be installed based on the victim's need.
- Safety planning efforts should also consider the community resources available for safety and the possible barriers that victims may encounter. For example, a local courthouse that is not physically accessible may allow for the court hearing by telephone (RCW 26.50.050) to provide accommodation for petitioners who use a wheelchair.
- Safety planning should consider how the abuser creates barriers or exploits barriers to entrap or harm the victim. For example, if the victim is deaf, the abuser could tell her that 911 will not respond to her TTY calls for help, or the abuser may try to act as an interpreter for her during a law enforcement investigation to control the content of victim's statements and the police report.
- Safety plans should be reviewed and updated periodically as a victim's situation changes. Some victims experience changes in their symptoms, finding what they are able to do varies daily. The advocate should consider that the changing disability symptoms may cause a victim to re-evaluate her safety planning choices and the overall effect on her health and well being.

- The advocate should have sufficient time to provide comprehensive safety planning. Safety planning is best accomplished in person, allowing opportunity to consider complicated options, while respecting the pace of communication and needs of the victim.
- Safety planning information should be presented in clearly understood language with materials available in alternate formats. For example, safety planning questions and information can be communicated through role play, pictures, calendars, diagrams or use of an interpreter as appropriate. Additionally, safety planning skills may need to be practiced and discussed repeatedly until a victim feels comfortable with the plan.
- Safety plan efforts should consider how other service providers and disability resources interact with the victim and her abuser. The victim's abuser may also have a disability and receive services from the same agency. Advocates should look out for the sharing of information that violates the victim's confidentiality and creates (intended or unintended) alignment with the abuser. If both the victim and the abuser share the same caseworker, it is best to request a separate caseworker be given to each person. Additionally, when you arrange for a personal care attendant, reader or interpreter, check with the victim to ensure that the service person fits their needs and is not aligned with the abuser.
- Safety planning efforts should include knowledge of the possible legal remedies available under RCW 74.34 Abuse of Vulnerable Adults and RCW 74.34.110 Protection of Vulnerable Adults -Petition for protective order. Under RCW 74.34.110, a legally defined "vulnerable adult" may initiate and seek relief from abandonment, abuse, financial exploitation or neglect by filing a petition for a protection order in Superior Court. Under RCW 74.34.150, the Department of Social and Health Services may seek relief on behalf of and with the consent of any vulnerable adult by filing a petition for a protection order in Superior Court. (Note: These references relate to the state of Washington.)

Responding In a Crisis

The primary goal of locating a safe place remains true for all victims. The advocate will want to quickly find out:

- What is the individual experiencing?
- What does she fear and how does her disability impact the situation?
- What specific tasks are problematic in reaching safety and what accommodations are available to reduce or eliminate these concerns?
- Are the support services staff that the victim works with allied with the abuser?

The advocate then needs to evaluate the effectiveness of existing accommodations and determine if other strategies are needed.

- Crisis personal attendant services and interpreter information should be available for your program to contact as needed for emergency services.
- If your agency provides transportation to victims seeking safe shelter, accessible crisis transportation should also be available. Additionally, check with your local law enforcement for accessible transportation arrangements. For example, in some locations, the police cannot arrest an abuser in a wheelchair because there is no accessible transportation or holding facility.

Responding When There Is Time to Plan and Prepare

Develop a contingency plan with the victim that includes:

- A plan for calling 911 from home or in the shelter.
- Quick access to critical information that she may need in a crisis.
- Housing options that are accessible for the victim's disability.
- Involving caseworkers and other appropriate support staff and involving them in the preparation as necessary.

Along with other things to gather and have available for escape, the victim should consider including:

- Spare batteries and back-up assistive devices or information on how to get replacements for the device if it is damaged.
- Instructions for use of technical equipment.
- Medications, medical information and medic alert systems needed.
- Social Security award letter/payee information or other benefit information.
- Supplies for service animals.

Skill Sets an Individual May or May Not Have for Enhancing Safety

Listed below are sets of skills that are part of a spectrum of response tactics. A victim with a disability may find that they do not have the same options available for safety because of their disability, lack of information or misinformation, discriminatory experiences or barriers in the community. A victim with a disability may not have had the opportunity, permission or option to use any of the listed skills without suffering further harm or losing autonomy or control over their life. An advocate should be careful not to assume that an individual has these skills, but to check with the victim if they are in doubt.

Self-Defense and Escape Skills

- Ability to say no
- Ability to say no with stern face, appropriate voice tone
- Ability to deceive, keep secrets
- Ability to perceive a strike coming, or ability to move to avoid a strike

- Ability to carry out safety planning
- Mobility with/without a wheelchair
- Ability to leave the house (e.g., could be physical or psychological barriers)
- Partial loss or loss of all skills (e.g., catatonia)
- Ability to use public transportation
- Ability to see alternative solutions to barriers
- Ability to use safety devices
- Strength and stamina of limbs
- Ability to sense where someone is touching, private areas without nerve functioning
- Distance able to travel, accessible pathways of travel to safety
- Dependence level and replacement of devices dependent on for safety
- Short-term and long-term memory
- Concentration, organization and focusing skills
- Knowledge about human biology and social mores
- Ability to recognize an emergency

Skills for Using Domestic Violence Support Services and Interacting with Other Systems (such as Criminal Justice System or Social Services)

- Communication skills, ability to use a phone, ability to call 911
- Ability to use public/pay phone
- Ability to know when to call 911
- Able to communicate quickly /fast responses to questions
- Ability to relate personal history to authority as needed and use short term and long term memory
- Ability to explain events consistently and in time sequence
- Ability to trust and use resources in the community
- Ability to live independently or qualify for support resources
- Have funds available for personal attendant services
- Availability of emergency caretakers
- Reading and writing skills, filling out forms and applications

Sample Safety Planning Questions

1. How does your abuser react to your disability in private?
2. What does your abuser tell others about your disability?
3. Do you have any concerns about how your disability might affect your safety?
4. Do the effects of your disability change? If so, what causes the change? Can you predict when changes will happen? How does it affect your safety?
5. Does your abuser do things that make your disability worse? Does your abuser do things that take advantage of your disability?
6. Does your abuser do things that take away your independence? Do you have any thoughts about using....(name of the domestic violence or other community resource)...?
7. What is your abuser's involvement with....(personal care or other disability support service)...?
8. What are your ideas for dealing with....(identified barrier to service)....?
9. Is there any equipment, medication, or other kinds of technology that help you stay safe?
10. Does your abuser interfere with your use of ...(items needed for safety)...?

Excerpted from: MODEL PROTOCOL ON SAFETY PLANNING FOR DOMESTIC VIOLENCE VICTIMS WITH DISABILITIES

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To review additional information to enhance program and agency accessibility, see Increasing Agency Accessibility for People with Disabilities: Domestic Violence Agency Self-Assessment Guide, Cathy Hoog for the Washington State Coalition Against Domestic Violence, Seattle, WA, January 2003, www.wscadv.org.

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Chapter 15
Safety plan

Be prepared to get away!

1. Keep the following with someone you trust: a spare set of keys, a change of clothes, important documents (bank statements, will, deed to house), prescriptions and some cash on hand.

2. Keep any evidence of physical abuse (ripped clothes, photographs of bruises and injuries, etc.)

3. Plan the safest time to get away.

4. Know where you can go for help. Tell someone what is happening to you and have phone numbers of friends, relatives and domestic violence programs with you.

5. Call the police if you are in danger and need help. Memorize the number but also write it on this sheet and keep it in a safe place.

6. If you are injured, go to a hospital emergency room or doctor and report what happened to you. Ask that they document your visit.

7. Talk to your child or children about a safety plan. Identify a safe place for them: a room with a lock or a neighbor's house where they can go for help. Reassure them that their job is to stay safe, not to protect you.

8. Make arrangements to signal your neighbor if you are in trouble, i.e., if the porch light is on, call the police immediately.

9. Contact the Women's Center to find out about your legal rights, options and resources available to you ..... before you are faced with a crisis. (570-784-6631 or 1-800-544-8293).

Case Management Review

Scenario #1

- A woman arrives at the shelter with her daughter and two grandchildren. The daughter and children were beaten by the father/husband the night before. The mother and two children want to stay at the shelter. What is the first step you take? List the required files you need to complete.
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Scenario #2

- A police officer arrives with a woman who has no place to stay. The officer was called from a local pub where the woman had gotten into a physical confrontation with a patron. The officer tells you she has been evicted from her rental property two days ago. How can you help in this situation?

Scenario #3

- You are on duty when you hear commotion from upstairs. You go to investigate and learn that a child has started a fire in her bedroom alone. The mother learns of the fire before you do and she is able to snuff it out before any major damage occurs. Who will you contact and how will you handle the situation?

Scenario #4

- You are on the hotline with a woman who is hysterical. You understand only that her partner is threatening to kill her and you can't get any other information from her. You hear a man in he background cursing and shouting at her. She's screaming until you hear what sounds like a gunshot. You attempt to get information from her but she is no longer on the line. What action will you take? How will you do this?